## CERTIFICATE OF SERVICE

I, <u>Lisa L. Coggins</u>		, certify that I am, a	nd at all times	s during the service of	process was	
not less than 18 years o					ide. I furthe	
certify that the service of	of this summons and a	copy of the complain	nt was made	August 2, 2004	by:	
Mail Service: R	tegular, first class Unit	ted States mail, post	age fully pre-	paid, addressed to:		
The Corporation Tru as Registered Agent 1209 Orange Street		Davis	el S. Flynn, Polk & Ware exington Ave	dwell		
Wilmington, DE 19801			New York, NY 10017			
,, minigron, 22 17.		210,,	<b>,</b> - ,			
Personal Service	e: By leaving the proc	ess with defendant o	or with an offi	cer or agent of defenda	ant at:	
Residence Serv	ice: By leaving the pro	ocess with the follow	ving adult at:			
[ ]	Service on an Insured I e following officer of t		on: By sending	g the process by certifi	ed mail	
Publication: Th	e defendant was serve	d as follows: [Descr	ibe briefly]			
State Law: The as follows: [De	defendant was served scribe briefly]	pursuant to the laws	s of the State	of(name of sta	ite)	
Under penalty	of perjury, I declare th	at the foregoing is tr	ue and correc	t.		
August 2, 2004 Date		Hisa O	. MAN Signa	KS ture		
	Name: Lisa L. Cog	gins Esquire	-			
	Traine. Dieu D. Cog	Pariot moderno				
	Business Address: 1	Ferry, Joseph & Pe	arce, 824 M	arket St., Suite 904		
	City: Wilmington	State: D	E Zip: 1	9801		